

DIVISION OF JUVENILE JUSTICE SERVICES

INCENTIVE AWARD NOMINATION FORM

Revised 8/31/04

Name of Nominee: _____ Date Submitted: _____	
Name of Nominator: _____ Date of occurrence/completion: _____	
Requested Amount: _____	
	Description of Criteria Met (DHS Policy & Procedure 02-08 Section B) Circle all that apply
1	Improvement in Division Operation: Applied creative ideas, initiative, leadership, and investment in time, for improvement of agency functions.
2	Statewide Benefits and Public Service: Increased or improved public service/safety/health, or reduced duplication.
3	Cost savings or revenue increases within the Division: Saved significant dollars/time or increased revenues.
4	Outstanding Work Effort: Exceeded normal job responsibilities and expectations for a unique event or over a sustained period of time.
Mandatory: Attach detailed justification for nomination (must be typed)	
Supervisor Input: Check one: Approved _____ Denied _____	

Recommended Amount: _____ Supervisor Signature: _____	

INCENTIVE AWARD REVIEW COMMITTEE ACTIONS	
Approved for: \$ _____ or _____ Days of Administrative Leave	Criteria Met: 1 2 3 4
Returned to APD for: _____	
Forwarded to Division Director: _____	
_____	_____
Committee Chair	Date

DIVISION RECOGNITION AWARD	
Approved for: \$ _____ (For amounts \$50 - \$500)	
Approved for: _____ Days of Administrative Leave (For 1 – 8 hours)	
Forward to DHS Executive Director with recommendation for amounts over \$500 or over 8 hours of Administrative Leave.	
Reason for denial: _____	
_____	_____
Division Director	Date

DEPARTMENT RECOGNITION AWARD	
Approved for: \$ _____	
Approved for: _____ Days of Administrative Leave	
Reason for denial: _____	
_____	_____
Executive Director	Date